

Moving Expenses

Will the Erie County Department of Social Services (ECDSS) help me with moving expenses?

Maybe. To get your moving expenses paid, you must meet one of the following conditions:

1. The move must be to a less expensive apartment, or
2. You have to move because of a disaster, like a fire or flood, or the Health Department or code enforcement has said you have to move, or
3. The move is necessary because of a serious medical or physically handicapping condition (for example, your apartment has stairs and your doctor says you cannot climb stairs), or
4. Someone you and your family lived with has put you out, and you and your family are experiencing homelessness, or
5. The move is from temporary to permanent housing, including moving from a shelter to your own apartment, or
6. Your living situation is dangerous (for example, family violence).

What if I have to move because I did not pay my rent?

You can still receive help from ECDSS, but ECDSS can "recoup" the amount they give you (that is, the Erie County Department of Social Services can take the amount they paid out of your public assistance grant in monthly installments).

Moving expenses are recovered/recouped only if you are evicted due to non-payment of rent. Otherwise you do not have to pay DSS back for help with moving expenses.

What do I have to do to get help with moving expenses?

Fill out the attached form by checking the box next to Moving Expense. Go to 478 Main Street, 6th Floor in order to apply.

What will I have to show to get the Erie County Department of Social Services to pay for my moving expenses?

The Erie County Department of Social Services will want the following items:

1. Identification
2. A Completed Landlord Form
3. Written verification of the reason for moving

4. Proof of income
5. Verification of the amount of Belmont or Section 8 received (if any)
6. Pre-tenancy inspection of the property
 - This is a **joint inspection** conducted by the landlord and the tenant.
 - DO NOT sign a pre-tenancy inspection form until you have seen the apartment's condition.
 - You must make the arrangements with the landlord for a mutually agreed upon time to conduct the inspection and you must be present for the inspection to attest to the condition.
 - The original copy of the Pre-Tenancy Inspection Form must be submitted at the time of your eligibility interview. You and your landlord should retain copies for your records.
7. Anyone in the household 18 years or older must go in to be finger-imaged (unless you are getting SSI).

What moving companies must I use?

You can only use the following movers and you will need two written sealed estimates from the following list of movers. You must bring the two sealed estimates to ECDSS:

*You can contact:

A1 Moving & Storage	326-4274	Diamond Moving & Storage	885-8600
ABC Moving	362-0810	J&J Moving	837-6161
All Star Movers	881-1125	M&J Moving	684-6329
Connie's Moving	896-3332		

*This list changes, so contact DSS for the most up-to-date list of approved movers.

What if I have problem getting the Erie County Department of Social Services to pay for my moving expenses?

If you are having problems getting moving expenses, and you have given The Erie County Department of Social Services all the documents you can provide, you should ask for a decision in writing and request a Fair Hearing. Notify OTDA by telephone, fax, or mail that you want a Fair Hearing. You should write the reason for requesting the hearing on the back of your notice. If you phone, get the name of the person you speak to. If you write, send your letter by certified mail and keep a copy. The correct address is:

New York State Office of
 Temporary and Disability Assistance (OTDA)
 Office of Administrative Hearings
 P.O. Box 1930
 Albany, New York 12201-1930
 Telephone No.: 1-800-342-3334
 Fax No. (518) 473-6735 (you must have the form from Albany)

If you have an emergency, you should ask for an "expedited" hearing. OTDA will determine if you have an emergency and may schedule the hearing more quickly.

Call us at 847-0650 for help if you have been denied. We can tell you what to do for a Fair Hearing, or we may agree to take your case.

REQUEST FOR AN ADDITIONAL ALLOWANCE AND/OR OTHER HELP BY A TEMPORARY ASSISTANCE RECIPIENT

Case Name: _____ Address: _____ _____	Case Number: _____ Telephone Number: _____
---	---

I am requesting the following Temporary Assistance allowance(s) for special need(s): <ul style="list-style-type: none"> <input type="checkbox"/> Restaurant Allowance because I cannot prepare meals at home. <input type="checkbox"/> Pregnancy Allowance <input type="checkbox"/> Housing and Shelter Related Items <ul style="list-style-type: none"> <input type="checkbox"/> Moving Expenses <input type="checkbox"/> Rent Security Deposit or Agreement <input type="checkbox"/> Brokers' or Finders' Fee <input type="checkbox"/> Storage of Furniture and Personal Belongings <input type="checkbox"/> Repair of Essential Household Items <input type="checkbox"/> Property Repairs <input type="checkbox"/> Back Rent <input type="checkbox"/> Back Mortgage and/or Taxes <input type="checkbox"/> Furniture and Other Household Items <input type="checkbox"/> Other _____ _____ _____ _____ 	I am requesting other help: <ul style="list-style-type: none"> <input type="checkbox"/> Child Care Assistance <input type="checkbox"/> I am working. <input type="checkbox"/> I am under 21 and wish to obtain a high school equivalency diploma. <input type="checkbox"/> I wish to attend approved occupational training. <input type="checkbox"/> I am sick and incapacitated and cannot care for my children. <input type="checkbox"/> Other _____ _____ _____
---	--

FOR WORKER'S USE ONLY
CLIENT SUBMITTED THE FOLLOWING DOCUMENTATION TO SUPPORT REQUEST
_____ _____

CLIENT'S SIGNATURE X	DATE	WORKER'S SIGNATURE X	DATE
-------------------------	------	-------------------------	------